

INCOME WITHHOLDING FOR SUPPORT

() ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
 () ONE-TIME ORDER/NOTICE – LUMP SUM PAYMENT
 () TERMINATION of IWO

() AMENDED IWO

Date: _____

() Child Support Enforcement (IV-D) Agency () Court () Attorney () Private Individual/Entity

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions <http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/publication.htm-forms>). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory	INDIANA	Remittance Identifier/	
City/County/Dist./Tribe	_____	Case Number:	_____
Private Individual/Entity	_____	Cause Number:	_____

Employer's/Income Payor's/Withholder's Name and Address		Employee/Obligor's Name
_____		(Last, First MI)
_____		_____

Employer/Withholder's FEIN (if known)		Employee/Obligor's SSN:
_____		_____
Child's Name (Last, First, MI):	Child's Date of Birth:	Custodial Party/Obligee's Name:
_____	_____	(Last, First, MI)
_____	_____	_____
_____	_____	
_____	_____	
_____	_____	

ORDER INFORMATION: This document is based on the support or withholding order from Indiana. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____	Per _____	current child support	
\$ _____	Per _____	Past-due child support	Arrears greater than 12 wks? () yes () no
\$ _____	Per _____	current cash medical support	
\$ _____	Per _____	past-due cash medical support	
\$ _____	Per _____	current spousal support	
\$ _____	Per _____	past-due spousal support	
\$ _____	Per _____	other (specify) _____	

For a total of \$ _____ Per _____ to be forwarded to the payee below.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ _____	per weekly pay period.	\$ _____	per semimonthly pay period (twice a month).
\$ _____	per biweekly pay period (every two weeks)	\$ _____	per monthly pay period.
\$ _____ ONE-TIME LUMP SUM PAYMENT Do not stop any existing IWO unless you receive a termination order.			

REMITTANCE INFORMATION: When remitting payment, provide the pay date/date of withholding and the Case Number _____. If the employee/obligor's principal place of employment is Indiana, you must begin withholding no later than the first pay period that occurs 14 days after the date this order is received. Send payment the same day as the pay date/date of withholding. **The total withheld amount, including your fee, may not exceed _____% of the employee/obligor's aggregate disposable weekly earnings.** See #9 in Additional Information for Employers and Other Income Withholders.) The remittance form is available at www.childsupport.in.gov. If the employee/obligor's principal place of employment is not Indiana, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee/obligor's principal place of employment. (See #4 and #9 Additional Information for Employers and Other Income Withholders.)

Employee/Obligor's Name: _____
Cause Number: _____

Case Number: _____
Employer's Name: _____
Employer FEIN: _____

For information about electronic processing, call (317) 232-0327 or (800) 292-0403.

If paying by check make check payable to "Indiana State Central Collection Unit" (INSCCU), indicating on the check the **Case Number:** _____, **employee/obligor's Social Security Number:** _____, and **Tribunal Cause Number:** _____

Send check to "Indiana State Central Collection Unit" (INSCCU), P.O. Box 6219, Indianapolis, IN 46206-6219.

The remittance form is available at www.childsupport.in.gov.

IC 31-16-15-16 requires employers with more than 50 employees and more than one obligor/employee to process child support payments electronically. For more information about processing electronic payments, log on to the Child Support Bureau Website at www.childsupport.in.gov, click on Payment Processing under Employer Services and follow the links, or call:

(317) 232-0327 or (800) 292-0403.

☐ Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance to 42 USC 666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

Signature: _____ Date: _____

Print Name: _____

Title of Issuing Official: _____

(X) If checked, you are required to provide a copy of this form to your employee/obligor. If your employee works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy must be provided to your employee/obligor even if the box is not checked.

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS

1. **Priority:** Withholding for support has priority over any other legal process under State law (or Tribal law, if applicable) against the same income. If a Federal tax levy is in effect, please notify the contact person listed in #11 below.
2. **Combining Payments:** You may combine withheld amounts from more than one employee/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
3. **Payments to SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.
4. **Reporting the Pay Date/Date of Withholding:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.
5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order/Notice against this employee/obligor and you are unable to fully honor all support Orders/Notices due to federal, State, or Tribal withholding limits, you must follow the State or Tribal law/procedure of the employee/obligor's principal place of employment according to the following: You shall distribute the withheld earnings, on a pro rata basis satisfying all current support obligations **first**. You must honor all Orders/Notices in accordance with the federal percentage limitations imposed under 15 U.S.C. 1673(b) as indicated under the Remittance Section on page 1 (see also #9 on page 3). The calculation used to determine the amount applied to each account, for Orders where Indiana is the employee's place of employment is as follows:

A.	Determine from all the orders the total amount to be withheld for current support.
B.	Divide <u>each</u> current support amount by the total amount of all current orders to determine each order's percentage share of the total.
C.	For each current order, multiply the current amount available for pro-rata (disposable income x the federal percentage limitation indicated in Remittance Information on page 1). The product is the amount of current support to be forwarded for withholding.
D.	Determine the pro rata basis for arrearage amounts, repeat Steps A-C, replacing the current amounts and calculated percentages with the appropriate arrearage amounts and calculated percentages.

See Frequently Asked Questions (FAQ's) under the Employer Services section of the Child Support Bureau website, www.childsupport.in.gov for detailed instructions and examples.

Case Number: _____
Employer's Name: _____
Employer FEIN: _____

- Additional Information: You may retain a two dollar (\$2.00) fee from the income payee's income each time income withheld is forwarded. The sum total of the amount to be withheld plus this fee shall not exceed the maximum amount permitted under the Consumer Credit Protection Act.

- | Date of Separation | Final Payment Date | Final Payment Amount |
|---|--------------------|----------------------|
| <div>Reason for Termination</div> <div>If layoff, Return-to-Work Date</div> | | |
| <div>Last Known Address:</div> <div>Last Known Phone: (Home) (Cell)</div> <div>New Employer Name:</div> <div>New Employer Address:</div> <div>New Employer Phone:</div> | | |

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.